



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

OFFICE OF ADMINISTRATIVE SERVICES  
**Human Resources**  
1515 West Seventh Street, Suite 102  
Post Office Box 2485  
Little Rock, Arkansas 72203-2485  
Phone: (501) 324-9065  
Fax: (501) 683-2174  
www.arkansas.gov/dfa

**MEMORANDUM**

TO: SUPERVISOR'S NAME: \_\_\_\_\_  
OFFICE NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

FROM: GERI JONES, DFA HUMAN RESOURCES

DATE: \_\_\_\_\_

SUBJECT: **PROCEDURES FOR FILING WORKERS' COMPENSATION CLAIMS**

RE: INSURED EMPLOYEE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

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**IMPORTANT:** The supervisor is responsible for forwarding completed Workers' Compensation forms within one working day of receipt to:  
GERI JONES, DFA HUMAN RESOURCES, P.O. BOX 2485,  
ROOM 101, 1515 BUILDING, LITTLE ROCK, ARKANSAS 72203.

1. FORM 1A-1 - WORKERS COMPENSATION – FIRST REPORT OF INJURY.  
**Supervisor completes.**
2. FORM PECD 1 - EMPLOYEE'S NOTICE OF ACCIDENT.  
**Employee completes.**
3. FORM PECD 2 - WORKERS COMP INFORMATION SHEET.  
**Supervisor completes.**
4. FORM AR-N - EMPLOYEE'S NOTICE OF INJURY.  
**Employee completes.**
5. FORM AR-S - SUPPLEMENTAL REPORT.  
**Supervisor completes.**
6. MILEAGE REIMBURSEMENT FORM (MEDICAL MILEAGE).  
**Employee completes.**

**IMPORTANT:** Human Resources will forward the completed forms to Public Employees Claims, who will gather any and all additional information and doctors' reports needed for determining and processing the claim.

**NOTE:** SEND ALL FUTURE MEDICAL BILLS, ETC., DIRECTLY TO PUBLIC EMPLOYEE CLAIMS DIVISION, 1200 WEST THIRD STREET, SUITE 201, LITTLE ROCK, AR 72201-1904.